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Box PATENT APPLICATION
 ASSISTANT COMMISSIONER FOR PATENTS
 Washington, D.C. 20231

Date: June 27, 2000

File No.: 9785980-0008

jc832 U.S. PTO
 09/604595

06/27/00

Transmitted herewith for filing is the patent application of

Inventor(s): Paul A. Underbrink
 Steven Gronemeyer

For: IMPROVED SYSTEM AND METHOD FOR
 DESPREADING IN A SPREAD SPECTRUM
 MATCHED FILTER

I hereby certify that this paper is being deposited with the
 United States Postal Service as Express Mail in an envelope
 addressed to: Assistant Commissioner For Patents,
 Washington, D.C. 20231, on this date.

6/27/00

Date

Paula M. Theismann

Paula M. Theismann

Express Mail Label No. EM143602779US

Enclosed are:

- ☒ 34 pages of specification, 48 pages of claims and an abstract.
- ☒ an executed oath or declaration, with power of attorney.
- ☐ an unexecuted oath or declaration, with power of attorney.
- ☒ 11 sheet(s) of informal drawing(s)
- ☐ sheet(s) of formal drawings(s).
- ☒ Assignment(s) of the invention to Conexant Systems, Inc.
- ☒ Assignment Form Cover Sheet.
- ☒ A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s) is enclosed.
- ☐ Associate power of attorney.

Fee Calculation For Claims As Filed

| | | | | | | | |
|----------------------------|----|---|----|---|----|------------|--------------|
| a) Basic Fee | | | | | | \$ | 690.00 |
| b) Independent Claims | 37 | - | 3 | = | 34 | X \$78.00 | = \$ 2652.00 |
| c) Total Claims | 65 | - | 20 | = | 45 | X \$18.00 | = \$ 810.00 |
| d) Fee for Multiple Claims | | | | | | X \$260.00 | = \$ |

Total Filing Fee \$ 4152.00

- ☐ Statement(s) of Status as Small Entity, reducing Filing Fee by half to \$.00
- ☒ A check in the amount of \$ 4152.00 to cover the filing fee is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 19-3140.
- ☐ Other _____
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 19-3140. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-3140. Two duplicate copies of this sheet are enclosed.

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